

Form **5500**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Pension and Welfare Benefits
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only

OMB Nos. 1210 - 0110
1210 - 0089**2002**This Form is Open to
Public Inspection.**Part I Annual Report Identification Information**For the calendar plan year 2002 or fiscal plan year beginning 09/01/2002 and ending 08/31/2003

- A** This return/report is for: (1) ☒ a multiemployer plan; (3) ☐ a multiple-employer plan; or
(2) ☐ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) _____
- B** This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☒
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ☒

Part II Basic Plan Information - enter all requested information.

1a Name of plan DISTRICT 6 HEALTH PLAN	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan (mo., day, yr.) 09/05/1973
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BOARD OF TRUSTEES DISTRICT 6 HEALTH PLAN KENNEDY JENNIK & MURRAY, P.C. 113 UNIVERSITY PLACE 730 Broadway New York, NY 10003-9511 NEW YORK NY 10003	2b Employer Identification Number (EIN) 13-3449870 2c Sponsor's telephone number 212-696-5545 539-5542 2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

SIGN HERE <i>X</i> <u>Larry Magarik</u> Signature of plan administrator	<i>X</i> <u>12/1/06</u> Date	<i>X</i> <u>Larry Magarik, Kennedy Jennik & Murray, P.C.</u> Type or print name of individual signing as plan administrator
SIGN HERE <i>X</i> <u>Larry Magarik</u> Signature of employer/plan sponsor/DFE	<i>X</i> <u>12/1/06</u> Date	<i>X</i> <u>Independent Fiduciary</u> Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v5.0

Form **5500** (2002)

0 2 0 2 3 5 0 1 0 D



Form 5500 (2002)

Page 2

Official Use Only

3a Plan administrator's name and address (If same as plan sponsor, enter "Same")
SAME

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

b EIN

c PN

a Sponsor's name

5 Preparer information (optional) **a** Name (including firm name, if applicable) and address
 ARMAO, COSTA & RICCIARDI, CPAS, P.C.

b EIN

11-3264776

c Telephone number

76 S. CENTRAL AVE. SUITE 1D

VALLEY STREAM

NY 11580

516-256-3200

6 Total number of participants at the beginning of the plan year

6 3,250

7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)

a Active participants

7a 3,250

b Retired or separated participants receiving benefits

7b

c Other retired or separated participants entitled to future benefits

7c

d Subtotal. Add lines 7a, 7b, and 7c

7d 3,250

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

7e

f Total. Add lines 7d and 7e

7f

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

7g

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

7h

i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)

7i

8 Benefits provided under the plan (complete 8a and 8b, as applicable)

a ☐ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions):

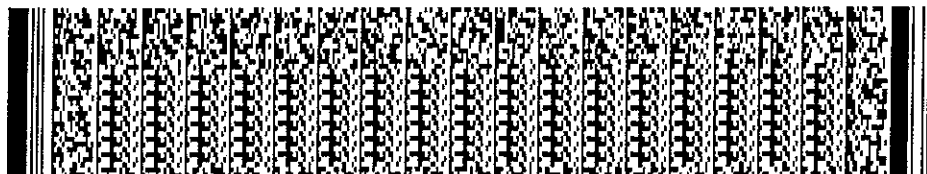
b ☒ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions): **4A** **4D**

9a Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
 (2) ☐ Code section 412(i) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(i) insurance contracts
 (3) ☐ Trust
 (4) ☐ General assets of the sponsor



0 2 0 2 3 5 0 2 0 E



Form 5500 (2002)

Page 3

Official Use Only

10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)**a Pension Benefit Schedules**

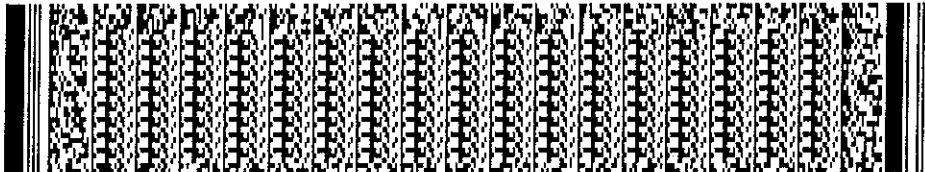
- (1) ☐ **R** (Retirement Plan Information)
(2) ☐ **T** (Qualified Pension Plan Coverage Information)

If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year **▶**

- (3) ☐ **B** (Actuarial Information)
(4) ☐ **E** (ESOP Annual Information)
(5) ☐ **SSA** (Separated Vested Participant Information)

b Financial Schedules

- (1) ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information -- Small Plan)
(3) ☒ 1 **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☐ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)
(7) ☒ 1 **P** (Trust Fiduciary Information)



0 2 0 2 3 5 0 3 0 F



**SCHEDULE A
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation**Insurance Information**This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974.► **File as an attachment to Form 5500.**► Insurance companies are required to provide this information
pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002**This Form is Open to
Public Inspection.**For calendar plan year 2002 or fiscal plan year beginning **09/01/2002** and ending **08/31/2003****A Name of plan****DISTRICT 6 HEALTH PLAN****B Three-digit
plan number****501****C Plan sponsor's name as shown on line 2a of Form 5500****BOARD OF TRUSTEES****D Employer Identification Number****13-3449870****Part I****Information Concerning Insurance Contract Coverage, Fees, and Commissions**Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be
reported on a single Schedule A.**1 Coverage:**

(a) Name of insurance carrier

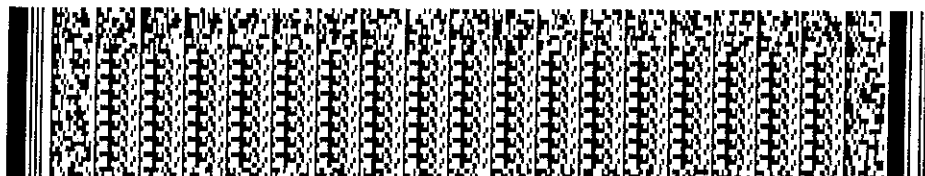
HIP

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1828429	55247	11GA0749-000	117	09/01/2002	08/31/2003

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents,
brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**Totals**

Total amount of commissions paid	Total fees paid / amount
0	335600

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v5.0 Schedule A (Form 5500) 2002



0 6 0 2 3 5 0 1 0 H



Schedule A (Form 5500) 2002

Page 2

Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

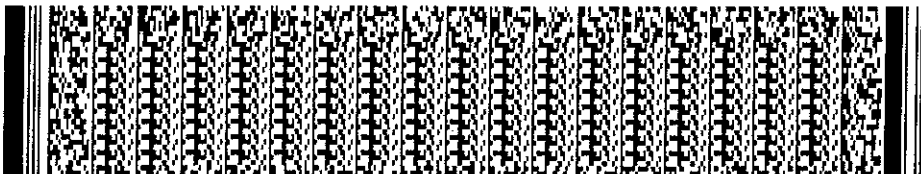
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
	335600	INSURANCE PREMIUMS	0

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



0 6 0 2 3 5 0 2 0 I



Schedule A (Form 5500) 2002

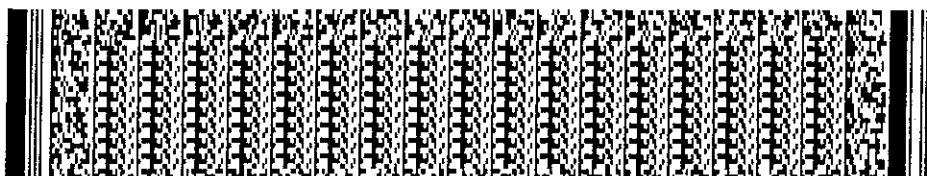
Page 3

Official Use Only

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

3	Current value of plan's interest under this contract in the general account at year end	
4	Current value of plan's interest under this contract in separate accounts at year end	
5	Contracts With Allocated Funds	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	
c	Premiums due but unpaid at the end of the year	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	
	Specify nature of costs ▶	
e	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>	
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶	
b	Balance at the end of the previous year	
c	Additions: (1) Contributions deposited during the year	
	(2) Dividends and credits	
	(3) Interest credited during the year	
	(4) Transferred from separate account	
	(5) Other (specify below)	
	▶	
	(6) Total additions	
d	Total of balance and additions (add b and c(6))	
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	
	(2) Administration charge made by carrier	
	(3) Transferred to separate account	
	(4) Other (specify below)	
	▶	
	(5) Total deductions	
f	Balance at the end of the current year (subtract e(5) from d)	



0 6 0 2 3 5 0 3 0 J



Schedule A (Form 5500) 2002

Page 4

Official Use Only

Part III**Welfare Benefit Contract Information**

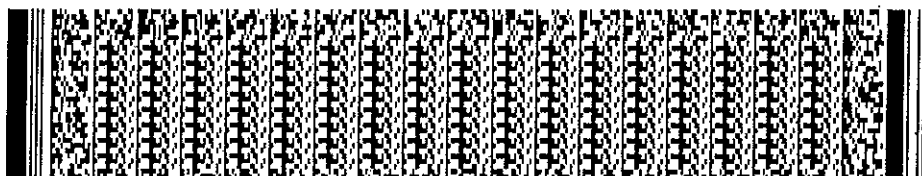
If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes)

- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

8 Experience-rated contracts

a Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
b Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
c Remainder of premium: (1) Retention charges (on an accrual basis) -		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		
9 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier		
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount		
Specify nature of costs ▶		



0 6 0 2 3 5 0 4 0 K



**SCHEDULE C
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation**Service Provider Information**This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974.► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

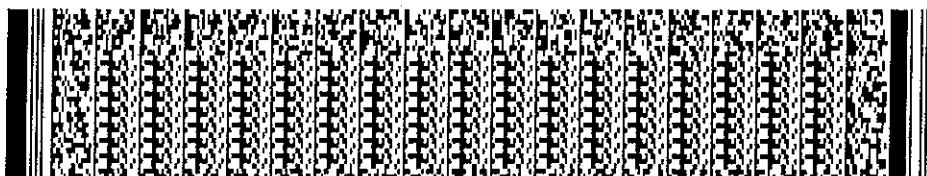
2002**This Form is Open to
Public Inspection.**For calendar plan year 2002 or fiscal plan year beginning **09/01/2002** and ending **08/31/2003****A** Name of plan**DISTRICT 6 HEALTH PLAN****B** Three-digit

plan number ►

501**C** Plan sponsor's name as shown on line 2a of Form 5500**BOARD OF TRUSTEES****D** Employer Identification Number**13-3449870****Part I Service Provider Information (see instructions)****1** Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1****2** On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		Contract administrator				12
EPSTEIN BECKER	13-3031033	ATTORNEY				
NONE	0	72593				22

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v5.0 Schedule C (Form 5500) 2002



1 0 0 2 3 5 0 1 0 C



Schedule C (Form 5500) 2002

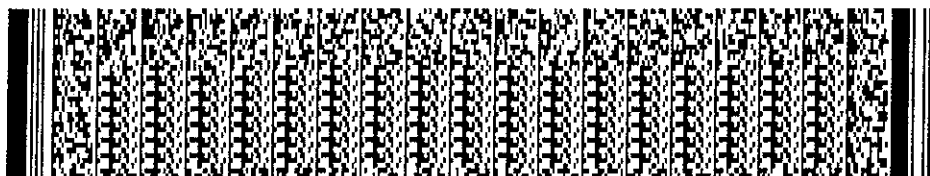
Page 2

Official Use Only

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
LAUFER HALPERSTEIN	13-3895479	ATTORNEY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	18000	22

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
CALLAGHAN NAWROCKI, LLP	11-3449870	ACCOUNTANT	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	16690	10

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
MARKWITZ RICHMOND	23-2111581	ATTORNEY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	15000	22



1 0 0 2 3 5 0 2 0 D



Schedule C (Form 5500) 2002

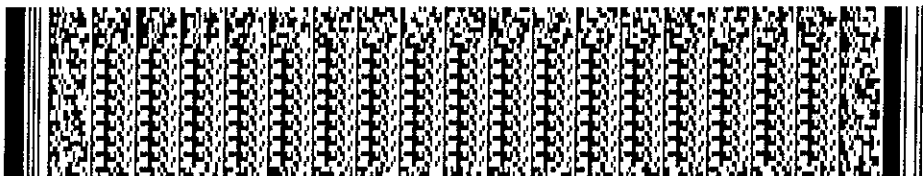
Page 2

Official Use Only

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
GARY NEEDLEMAN	22-2686564	ATTORNEY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	15000	22

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)



1 0 0 2 3 5 0 2 0 D



Schedule C (Form 5500) 2002

Page 3

Official Use Only

Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

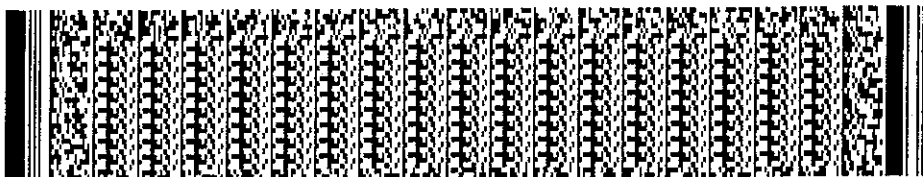
(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____



1 0 0 2 3 5 0 3 0 E



**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits
Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2002

**This Form is Open
to Public Inspection.**

For calendar year 2002 or fiscal plan year beginning **09/01/2002** and ending **08/31/2003**

A Name of plan DISTRICT 6 HEALTH PLAN	B Three-digit plan number 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES	D Employer Identification Number 13-3449870

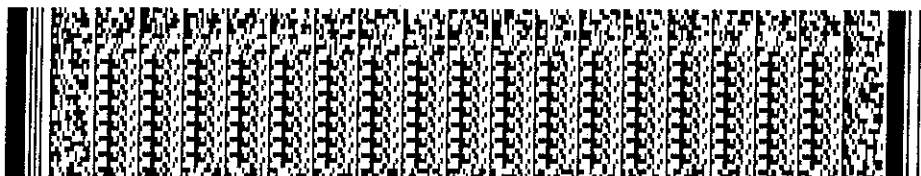
Part I Asset and Liability Statement

- 1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets

	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash		
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions		
(2) Participant contributions		
(3) Other		
c General investments:		
(1) Interest-bearing cash (incl. money market accounts and certificates of deposit)	114945	1061943
(2) U.S. Government securities		
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred		
(B) All other		
(4) Corporate stocks (other than employer securities):		
(A) Preferred		
(B) Common		
(5) Partnership/joint venture interests		
(6) Real estate (other than employer real property)		
(7) Loans (other than to participants)		
(8) Participant loans		
(9) Value of interest in common/collective trusts		
(10) Value of interest in pooled separate accounts		
(11) Value of interest in master trust investment accounts		
(12) Value of interest in 103-12 investment entities		
(13) Value of interest in registered investment companies (e.g., mutual funds)		
(14) Value of funds held in insurance co. general account (unallocated contracts)		
(15) Other		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v5.0 Schedule H (Form 5500) 2002



1 8 0 2 3 5 0 1 0 K



Schedule H (Form 5500) 2002

Page 2

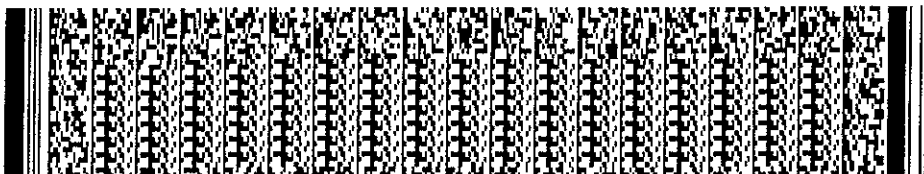
Official Use Only

		(a) Beginning of Year	(b) End of Year
d	Employer-related investments:		
(1)	Employer securities	d(1)	
(2)	Employer real property	d(2)	
e	Buildings and other property used in plan operation	e	1222702
f	Total assets (add all amounts in lines 1a through 1e)	f	1337647
Liabilities			
g	Benefit claims payable	g	
h	Operating payables	h	
i	Acquisition indebtedness	i	
j	Other liabilities	j	174922
k	Total liabilities (add all amounts in lines 1g through 1j)	k	174922
Net Assets			
l	Net assets (subtract line 1k from line 1f)	l	1162725
			1063634

Part II Income and Expense Statement

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	a(1)(A)	1183991
	(B) Participants	a(1)(B)	
	(C) Others (including rollovers)	a(1)(C)	
(2)	Noncash contributions	a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)	1183991
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A)	4227
	(B) U.S. Government securities	b(1)(B)	
	(C) Corporate debt instruments	b(1)(C)	
	(D) Loans (other than to participants)	b(1)(D)	
	(E) Participant loans	b(1)(E)	
	(F) Other	b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)	4227
(2)	Dividends: (A) Preferred stock	b(2)(A)	
	(B) Common stock	b(2)(B)	
	(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)	
(3)	Rents	b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	b(4)(A)	1610000
	(B) Aggregate carrying amount (see instructions)	b(4)(B)	1542000
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	b(4)(C)	68000



1 8 0 2 3 5 0 2 0 L



Schedule H (Form 5500) 2002

Page 3

Official Use Only

	(a) Amount	(b) Total
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	b(5)(A)	
(B) Other	b(5)(B)	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)	
(6) Net investment gain (loss) from common/collective trusts	b(6)	
(7) Net investment gain (loss) from pooled separate accounts	b(7)	
(8) Net investment gain (loss) from master trust investment accounts	b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	b(10)	
c Other income	c	110
d Total income. Add all income amounts in column (b) and enter total	d	1256328
Expenses		
e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	e(1)	101875
(2) To insurance carriers for the provision of benefits	e(2)	384644
(3) Other	e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)	486519
f Corrective distributions (see instructions)	f	
g Certain deemed distributions of participant loans (see instructions)	g	
h Interest expense	h	
i Administrative expenses: (1) Professional fees	i(1)	149282
(2) Contract administrator fees	i(2)	
(3) Investment advisory and management fees	i(3)	
(4) Other	i(4)	719618
(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)	868900
j Total expenses. Add all expense amounts in column (b) and enter total	j	1355419
Net Income and Reconciliation		
k Net income (loss) (subtract line 2j from line 2d)	k	<99091>
l Transfers of assets		
(1) To this plan	l(1)	
(2) From this plan	l(2)	

Part III Accountant's Opinion

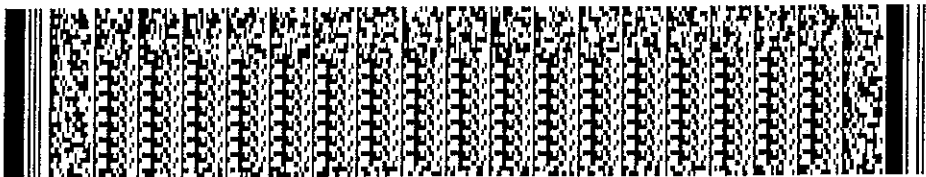
3 The opinion of an independent qualified public accountant for this plan is (see instructions):

a Attached to this Form 5500 and the opinion is: (1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverseb Not attached because: (1) ☐ the Form 5500 is filed for a CCT, PSA or MTIA.(2) ☐ the opinion will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.c Also check this box if the accountant performed a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 2520.103-12(d) ☐

d If an accountant's opinion is attached, enter the name and EIN of the accountant (or accounting firm) ▶

CALLAGHAN NAWROCKI, LLP

11-2816660



1 8 0 2 3 5 0 3 0 M



Schedule H (Form 5500) 2002

Page 4

Official Use Only

Part IV Transactions During Plan Year

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5. 103-12 IEs also do not complete 4j.

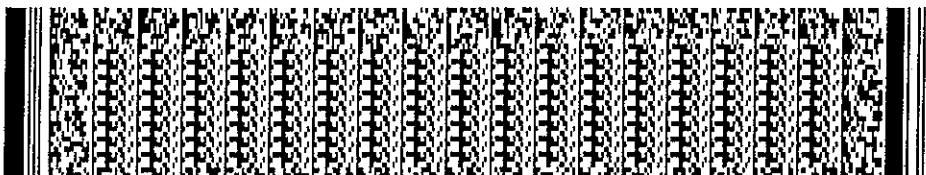
During the plan year:

	Yes	No	Amount
a Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)		X	
d Did the plan engage in any nonexempt transaction with any party-in-interest? (Attach Schedule G (Form 5500) Part III if "Yes" is checked)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

5b(1) Name of plan(s)**5b(2)** EIN(s)**5b(3)** PN(s)



1 8 0 2 3 5 0 4 0 N



**SCHEDULE P
(Form 5500)****Annual Return of Fiduciary
of Employee Benefit Trust**

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

Department of the Treasury
Internal Revenue Service

► File as an attachment to Form 5500 or 5500-EZ.

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to
Public Inspection.

For trust calendar year 2002 or fiscal year beginning 09/01/2002 and ending 08/31/2003

1a Name of trustee or custodian

BOARD OF TRUSTEES

b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)

254 WEST 31TH STREET 8TH FLOOR

c City or town, state, and ZIP code

NEW YORK NY 10001

2a Name of trust

DISTRICT 6 HEALTH PLAN

b Trust's employer identification number 13-3449870

3 Name of plan if different from name of trust

4 Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)?

☒ Yes

☐ No

5 Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ

13-3449870

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete.

**SIGN
HERE**

Signature of
fiduciary

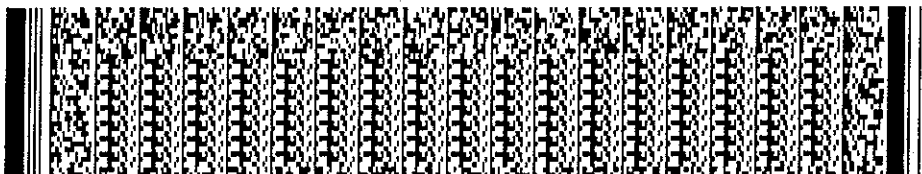
X Larry Magarik, Independent Fiduciary

Date X 12/1/06

For the Paperwork Reduction Act Notice and OMB Control Numbers,
see the instructions for Form 5500 or 5500-EZ.

v5.0

Schedule P (Form 5500) 2002



2 6 0 2 3 5 0 1 0 J



BOARD OF TRUSTEES DISTRICT 6 HEALTH PLAN

13-3449870

FORM 5500, BOX D - DFVC FILING

STATEMENT 1

FORM 5500 IS BEING FILED UNDER THE DFVC PROGRAM

DISTRICT 6 HEALTH PLAN
FINANCIAL STATEMENTS
AS OF AUGUST 31, 2003
TOGETHER WITH AUDITORS' REPORT



Callaghan Nawrocki LLP
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Trustees
of District 6 Health Plan:

We have audited the accompanying statement of net assets available for benefits - cash basis of District 6 Health Plan (the "Plan") as of August 31, 2003, and the related statement of changes in net assets available for benefits - cash basis for the year then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

As described in Note 1, these financial statements were prepared on the cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of District 6 Health Plan as of August 31, 2003, and the changes in net assets available for benefits for the year then ended, on the basis of accounting described in Note 1.

As discussed in Note 5 to the financial statements, the Plan and its Trustees are engaged in various litigation. The possible outcome of these matters is uncertain at this time. Accordingly, no provision for liability has been made in the financial statements for possible liabilities related to this litigation.

Melville, New York
November 9, 2004

Callaghan Nawrocki

DISTRICT 6 HEALTH PLAN
STATEMENT OF
NET ASSETS AVAILABLE FOR BENEFITS - CASH BASIS
AUGUST 31, 2003

ASSETS:

Cash and cash equivalents	\$ 140,875
Restricted cash	<u>921,068</u>
Total cash and cash equivalents	1,061,943
Fixed assets, net of accumulated depreciation of \$3,782	<u>1,691</u>
Total assets	1,063,634

LIABILITIES:

None	<u>-</u>
Total liabilities	<u>-</u>

NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 1,063,634</u></u>
--	-----------------------------------

The accompanying notes to financial statements are an
integral part of this statement.

DISTRICT 6 HEALTH PLAN
STATEMENT OF CHANGES IN
NET ASSETS AVAILABLE FOR BENEFITS - CASH BASIS
FOR THE YEAR ENDED AUGUST 31, 2003

ADDITIONS TO PLAN ASSETS:

Employer/employee contributions	\$ 1,183,991
Gain on sale of property	68,000✓
Interest	4,227✓
Miscellaneous	110✓
	<hr/>
Total additions	1,256,328

DEDUCTIONS FROM PLAN ASSETS:

Benefit payments	486,519✓
Reimbursed operating costs	485,703
Closing costs	208,369
Legal and accounting fees	149,282✓
Other	11,647
Printing	8,888
Telephone	2,245
Postage	1,686
Depreciation	1,080
	<hr/>
Total deductions	1,355,419
	<hr/>
Net deductions from plan assets	(99,091)

NET ASSETS AVAILABLE FOR BENEFITS,
BEGINNING OF YEAR

1,162,725

NET ASSETS AVAILABLE FOR BENEFITS,
END OF YEAR

\$ 1,063,634

The accompanying notes to financial statements are an
integral part of this statement.

DISTRICT 6 HEALTH PLAN
NOTES TO FINANCIAL STATEMENTS

(1) Plan purpose

The District 6 Health Plan (the "Plan") is a self-insured labor management welfare trust established to provide health and related benefits to employees covered by the collective bargaining agreements between employers and the District 6 International Union of Industrial, Service, Transport and Health Employees (the "Union"). The Plan is exempt from income taxes pursuant to Internal Revenue Code Section 501(c)(5).

(2) Summary of significant accounting policies:

Basis of accounting-

The accompanying financial statements have been prepared on the cash basis of accounting. Under that basis of accounting, revenues are generally recognized as received and expenses are generally recognized as paid. The cash basis differs from accounting principles generally accepted in the United States of America primarily because accounts receivable and accounts payable as of the reporting date are not recorded.

Payment of benefits-

Benefits are recorded when paid.

Use of estimates-

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts of assets and liabilities at the date of the financial statements and the amounts of additions to and deductions from plan assets during the period. Actual results may differ from those estimates.

(3) Related party transactions:

Investment in real estate corporation-

The Plan owned an eighty percent (80%) interest in District 6 Realty Corporation, a corporation organized for the purpose of acquiring and operating the Union's administrative office from which the Plan has been administered. The cost basis of the investment in this real estate corporation was \$1,220,000. In December 1991, District 6 Realty Corporation acquired a four-story building located at 18 East 31st Street, New York, New York. The building was sold on March 12, 2003 for \$1,610,000. The proceeds of the building sale were distributed as follows:

Gross sales proceeds	\$ 1,610,000
Add: Tax reimbursement due to seller	<u>10,849</u>
Subtotal	1,620,849
Less: Closing costs and legal fees	<u>(208,369)</u>
Subtotal	1,412,480
Less: Proceeds paid to District 6 Pension Fund	(280,525)
Less: Refund to the Pension Fund of administrative costs as per Settlement (see Note 5)	(214,922)
Add: Interest earned in escrow	<u>4,035</u>
Net proceeds maintained in restricted cash account	<u>\$ 921,068</u>

Based on the Plan's 80% share of the gross proceeds of \$1,610,000 or \$1,288,000, and the cost basis of its investment of \$1,220,000, a \$68,000 gain on the building sale was recognized.

Reimbursed operating costs-

Substantially all the costs of operating the Plan including, but not limited to, occupancy costs incurred in maintaining the building from which the Plan has been administered, salaries, payroll taxes and fringe benefits, telephone, postage and supplies are paid directly by the Union and reimbursed by the Plan. The Plan is currently negotiating rental terms for the new office space. For the year ended August 31, 2003, the Plan paid the Union \$485,703 in reimbursed operating costs.

(4) Concentrations of credit risk

The Plan maintains its cash and cash equivalents in bank deposit accounts, which at times may exceed federally insured limits. The Plan has not experienced any losses in such accounts. Cash and cash equivalents in excess of federally insured limits totaled \$49,889 at August 31, 2003, based on actual bank balances. The Plan believes it is not exposed to any significant credit risk on cash and cash equivalents.

(5) Commitments and contingencies:

Legal settlement-

In August 1999, a complaint was filed against the District 6 Health Plan and Pension Fund (the "Fund") and its Trustees alleging, among other things, breach of fiduciary duty in the administration and management of the Plan. On May 29, 2001, a consent decree was entered as a judgment in the United States District

Court, Richmond, Virginia essentially remedying all of the alleged violations, without an admission of wrongdoing by the defendants. In the decree, the Plan agreed to refund to the Pension Fund, administrative costs previously paid by the Fund to the Plan in the amount of \$214,922. While the defendants believed that there was no liability, settlement proved significantly less costly than litigation. As discussed in Note 3, \$214,922 of the Fund's proceeds on the sale of the building were used to satisfy this obligation.

Ongoing litigation-

The Plan and its Trustees are defendants in other legal actions that, if successful, may have some impact negatively upon the administration of the Plan. However, the outcome of this litigation and its impact on the Plan cannot be determined at this time.